

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration  
Submitted With Initial  
Filing      **OR**      ☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

**Attorney Docket Number** 4749-104US  
**First Named Inventor** Kamalvanshi, Ajay

**COMPLETE IF KNOWN**

**Application Number** TBA/  
**Filing Date** 12/20/01  
**Group Art Unit**  
**Examiner Name**

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Method and Apparatus for Fault Tolerant Persistency Service on Network Device**

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

**Burden Hour Statement:** This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label				OR		<input type="checkbox"/> Correspondance address below	
<b>Name</b>									
<b>Address</b>									
<b>City</b>				<b>State</b>			<b>ZIP</b>		
<b>Country</b>				<b>Telephone</b>			<b>Fax</b>		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
<b>NAME OF SOLE OR FIRST INVENTOR:</b>						<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name (first and middle [if any])</b>						<b>Family Name or Surname</b>			
Ajay						Kamalvanshi			
<b>Inventor's Signature</b>						<b>Date</b>			
San Jose				CA		USA		Indian	
<b>Residence: City</b>				<b>State</b>		<b>Country</b>		<b>Citizenship</b>	
1802 Anchor Way									
<b>Mailing Address</b>									
San Jose				CA		95132		USA	
<b>City</b>				<b>State</b>		<b>Zip</b>		<b>Country</b>	
<b>NAME OF SECOND INVENTOR:</b>						<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name (first and middle [if any])</b>						<b>Family Name or Surname</b>			
Madhu						Grandhi			
<b>Inventor's Signature</b>						<b>Date</b>			
Fremont				CA		USA		Indian	
<b>Residence: City</b>				<b>State</b>		<b>Country</b>		<b>Citizenship</b>	
33567 Trinculo Lane									
<b>Mailing Address</b>									
Fremont				CA		26555		USA	
<b>City</b>				<b>State</b>		<b>Zip</b>		<b>Country</b>	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

<b>Application Number</b>	TBA
<b>Filing Date</b>	12/20/01
<b>First Named Inventor</b>	Kamalvanshi, Ajay
<b>Group Art Unit</b>	TBA
<b>Examiner Name</b>	TBA
<b>Attorney Docket Number</b>	4749-104US

I hereby appoint:

☒ Practitioners at Customer Number

26817

Place Customer  
Number Bar Code  
Label here**OR**☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.**OR**☐ Practitioners at Customer NumberPlace Customer  
Number Bar Code  
Label here**OR**☐ Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name Ajay Kamalvanshi

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/81 (02-01)

Approved for use through 10/31/2002 OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

<b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	<b>Application Number</b>	TBA
	<b>Filing Date</b>	12/20/01
	<b>First Named Inventor</b>	Kamalvanshi, Ajay
	<b>Group Art Unit</b>	TBA
	<b>Examiner Name</b>	TBA
	<b>Attorney Docket Number</b>	4749-104US

I hereby appoint:

☒ Practitioners at Customer Number

26817

OR

☐ Practitioner(s) named below:

Name	Registration Number

Place Customer  
Number Bar Code  
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

☐ Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

Place Customer  
Number Bar Code  
Label here

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

<b>Name</b>	Madhu Grandhi
<b>Signature</b>	
<b>Date</b>	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231